



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2018

Ms. Brenda Daubner
Executive Director
Lowrie AID OPCO, LLC
100 Sterling Village Drive
Butler, Pennsylvania 16001

RE: Lowrie Place
Certificate #: 444960

Dear Ms. Daubner:

As a result of the Department of Human Services' licensing inspection on August 1, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LOWRIE PLACE		License Number: 44496
Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		County: Butler
Administrator: Delisa Longdon		Region: WEST
Legal Entity Name: LOWRIE AID OPCO LLC		
Legal Entity Address: 330 NORTH WABASH SUITE 3700, CHICAGO, IL 60611		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/07/1997 Labor and Industry		FEB 09 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Working Staff: 42
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/01/2017: Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

Violation Report: 44496 - 08/01/2017 - Garrigan, Laurie
PCH Name: LOWRIE PLACE

FEB 09 2018

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/25/17 at approximately 10:00 p.m., staff person A entered resident #1's bedroom in response to the resident screaming, "Help me, help me, help me". Resident #1 said, "Look what he/she did to me. He/she twisted my arm". Resident #1 showed staff person A his/her right wrist. Staff persons B, C, and D entered the bedroom. In the presence of staff persons A, B, C and D, resident #1 pointed to staff person B, alleging he/she twisted the resident's right arm. Staff persons A and D observed red marks on resident #1's right wrist. The home did not notify the local Area Agency on Aging of the alleged abuse until 11:00 a.m. on 7/27/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.15(a)-Alleged resident abuse was reported late to Protective Services. Date of incident was 7/25/17, incident was reported on 7/27/17.

Corrective Action taken:

*Protective Services was notified by the Executive Director immediately once violation was realized. See Attachment #1.

*Staff person who allegedly abused resident was suspended 7/27/17 and after investigation was found unsubstantiated. Employee chose on her own not to return to work.

*Training was held with staff on 7/26/17 by Executive Director to re-educate on the required timeline of the Reporting of Abuse. See Attachment #2.

Immediately: the administrator or designated staff person shall review all reportable incidents at least weekly to ensure all allegations of abuse are immediately reported to the local Area Agency on Aging in accordance with the Older Adults Protective Services Act.

[Signature]
2/9/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BRENDA DAUBNER, EX. DIRECTOR* Date *2/9/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/9/18</u> (Date)	Plan of correction implementation status as of <u>2/9/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 09 2018

Violation Report: 44496 - 08/01/2017 - Garrigan, Laurie
PCH Name: LOWRIE PLACE

WEST MICHIGAN COLLEGE OFFICE
Human Services Learning

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 7/25/17 at approximately 10:00 p.m., staff person A entered resident #1's bedroom in response to the resident screaming, "Help me, help me, help me". Resident #1 said, "Look what he/she did to me. He/she twisted my arm". Resident #1 showed staff person A his/her right wrist. Staff persons B, C, and D entered the bedroom. In the presence of staff persons A, B, C and D, resident #1 pointed to staff person B, alleging he/she twisted the resident's right arm. Staff persons A and D observed red marks on resident #1's right wrist. The home did not notify the resident's designated person until 7/26/17 at approximately 9:30 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.15(d)-Alleged resident abuse was not reported to residents designated person in the required time frame.

Corrective Action taken:

*Family was notified as soon as the Executive Director was notified of the alleged incident, on 7/26/17 at approximately 9:30am.

* Training was held with staff on 7/26/17 by Executive Director to re-educate on the required timeline of the Reporting of Abuse. See Attachment #2.

*Training to all staff will be given to all new hires and annually to all staff by the Executive Director/designee, as required by DHS.

Immediately: the administrator or designated staff person shall review all reportable incidents at least weekly to ensure all allegations of abuse are immediately reported to the resident and the resident's designated person. 2/9/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *BRENDA DAUBNER* Date *2/9/18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44496 - 08/01/2017 - Garrigan, Laurie
PCH Name: LOWRIE PLACE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 11/17/16, did not have a criminal history background check completed until 3/20/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.51-Staff person hired 11/17/16 did not have a criminal history background check completed until 3/20/17.

Corrective Action taken:

*New Executive Director audited all employee files for criminal background check on 3/20/17. One staff found to not have one in their file.

*New Executive Director completed a criminal background check on staff person on 3/20/17. See Attachment #3.

*New Executive Director/designee will be sure to complete criminal background checks on all newly hired staff prior to hiring.

Immediately: A designated staff person shall develop and implement a system to ensure each newly-hired staff person has a Pennsylvania criminal history check completed within 30 days of hire and a FBI criminal check completed within 90 days of hire for any staff person who has not lived in Pennsylvania for 2 consecutive years at the time of hire. Documentation of the system shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/08/2017

Signature of Legal Entity Representative (Required on EVERY Page) Brenda Daubner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) BRENDA DAUBNER, ex-DIRECTOR Date 2/9/18

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Plan of correction implementation status as of 2/9/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress L
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

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2/9/18

FEB 19 2018

Violation Report: 44496 - 08/01/2017 - Garrigan, Laurie
PCH Name: LOWRIE PLACE

WEST VIRGINIA STATE DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 10/14/16, indicates the resident has no problem with irritability, judgment, agitation or aggression; however, the home's 24-hour shift report indicates the following behaviors of resident #1:

- * 8/1/17 6a-2p shift: "Threatening to report RCP's for no reason, it's a continuing thing with all RCP's, take two people in room"
- * 7/31/17 10p-6a shift: "Wouldn't let RCP turn off call bell, kept hitting RCP & screaming"
- * 7/27/17 10p-6a shift: "pt taken to b/r 2 a.m. Pt being unreasonable. We were asked our names so he/she could turn us in for not taking her to B/R while he/she is sitting on toilet"
- * 7/22/17 6a-2p shift: "Yelling, saying midnight did not take him/her to the bathroom"
- * 7/22/17 2p-10 shift: "Screaming, hitting, punching RCP's. Keeps demanding to have a towel to stick in his/her underwear @ bedtime"
- * 7/18/17 10p-6a shift: "Hostile was changed 3 x in 15 min"
- * 7/15/17 2p-10p shift: "Putting hand on RCP, also yelling being very rude"
- * 7/9/17 2p-10p shift: "Screaming @ RCP's cause he/she wants a towel to stick in his/her pants @ bedtime"
- * 6/30/17 2p-10 shift: "Rang to go to the bathroom, once he/she got to the BR he/she screamed @ RCP because I took his/her wet pull up off. I got him/her changed but all he/she did was sear, kick, push, scratch & scream at RCP"

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.225(a)-Resident's assessment did not have correct information about resident written.

Corrective Action taken:

*The Executive Director updated the resident's assessment on 8/1/17, to reflect the resident's periods of irritability, agitation and aggression. See Attachment #4.

*The Care Services Manager/designee will ensure that resident's assessments have accurate information about each resident at time of completion.

*The Executive Director/designee will review assessments when completed to ensure accuracy.

Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. 2/9/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Brenda Daubner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>BRENDA DAUBNER, Ex. Director</i>	<i>2/9/18</i>

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